Study on gap analysis of Labor room and Operation Theatre in district hospital of Chitrakoot, Uttar Pradesh

Under guidance-

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Contents

Introduction

- For reducing maternal, new born and child mortality the focus has been on reaching higher coverage with key RMNCH interventions.
- With the launch of many new initiatives such as JSY and JSSK there has been sharp surge in institutional deliveries.
- Several steps have been undertaken to cope up with the case load on the public health facilities.

Types of delays

Socio-economic/ Cultural factors	Accessibility of facility	Quality of services
• Delay in recognizing the danger signs and deciding to seek medical help	• Delay in reaching the facility	• Delay in adequate quality of care after reaching the facility

- Underlying causes that why people do not receive the requisite care in health facilities are
- Lack of resources in terms of physical infrastructure and basic facilities, appropriate staff, essential equipment and supplies
- Health workers have insufficient clinical knowledge and skills or understanding of how to ensure good quality of care
- Lack of organization of services at health facilities so that staff are not able to easily provide care that they know is important.

Research question

- What are the gaps in the existing practices on various parameters in accordance with standard operating procedure of LaQshya related to labour room and OT by the hospital staff?

Objectives

- To identify the gaps on various parameters in the existing practices in accordance with the Standard operating procedure of LaQshya.

- To identify the causes resulting in deficiencies and recommend the solution to minimize the gaps.

Methodology

- **Study design-** Descriptive cross-sectional study was done in LR and OT of District Combined Hospital of Chitrakoot, using a predefined checklist to do the situational analysis. Checklist is a quality tool to identify the root cause of the problems. The recommendations were given on the basis on the identified causes.
- **Study setting-** Labor room and OT of District hospital of Chitrakoot, Uttar Pradesh
- **Duration of study-** Study was carried out from Feb-May'19
- **Respondents of study-** Doctor, staff nurses, housekeeping staff

- **Study tool-** Checklist made by Piramal Foundation (in accordance with LaQshya guidelines)

- **Inclusion criteria-** Only staff posted in LR and Maternity OT were interviewed
- **Exclusion criteria-** Doctors, nursing staff, housekeeping staff not posted in the LR and OT.

Data collection method

- **Type of Data-** Both qualitative and quantitative type of data is collected through checklist, Records, Staff interviews and observations.

- **Method of data collection-**

✓The type of the data collected

✓Primary- Observations, staff interviews

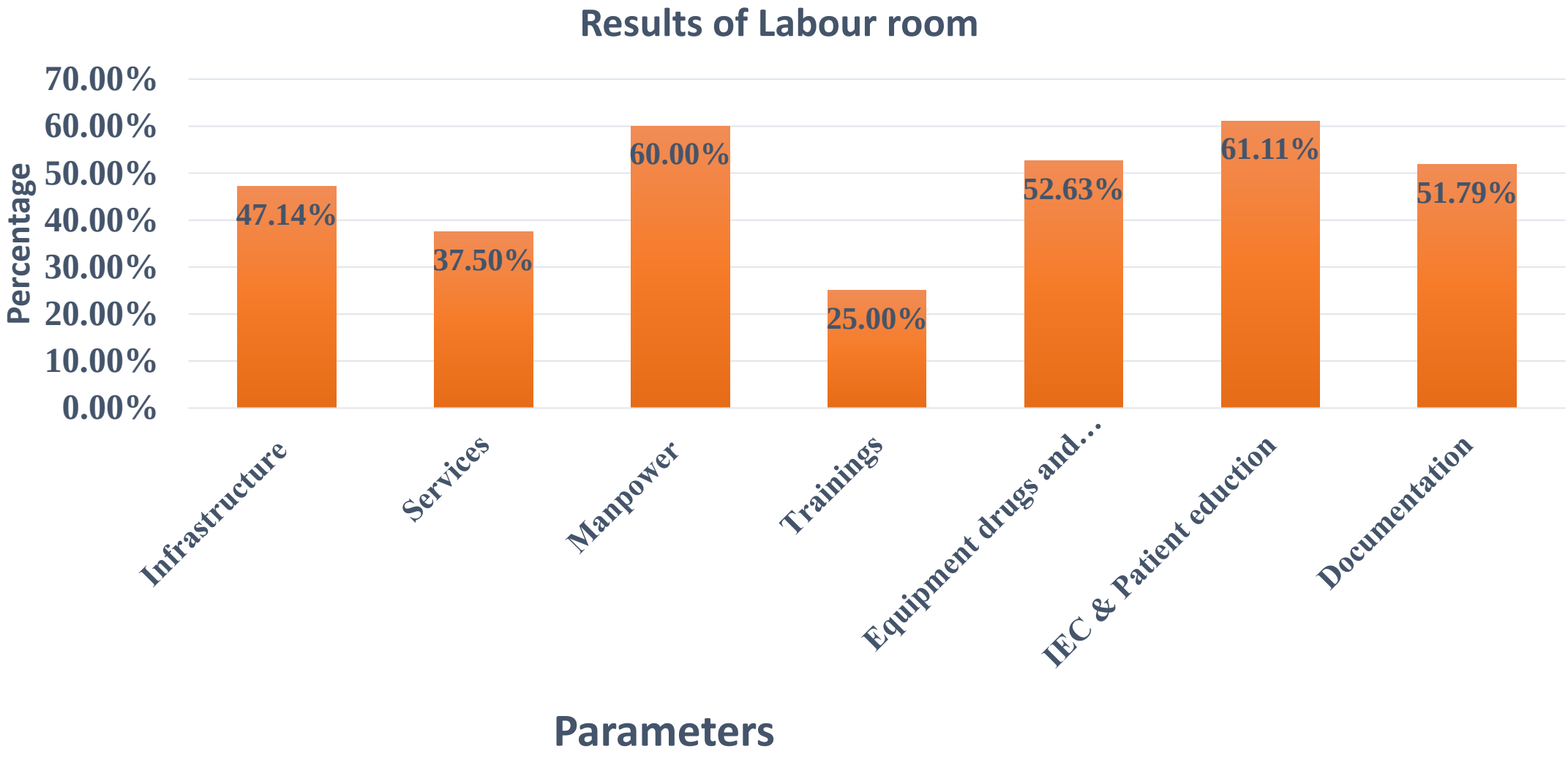
✓Secondary-Documents and records

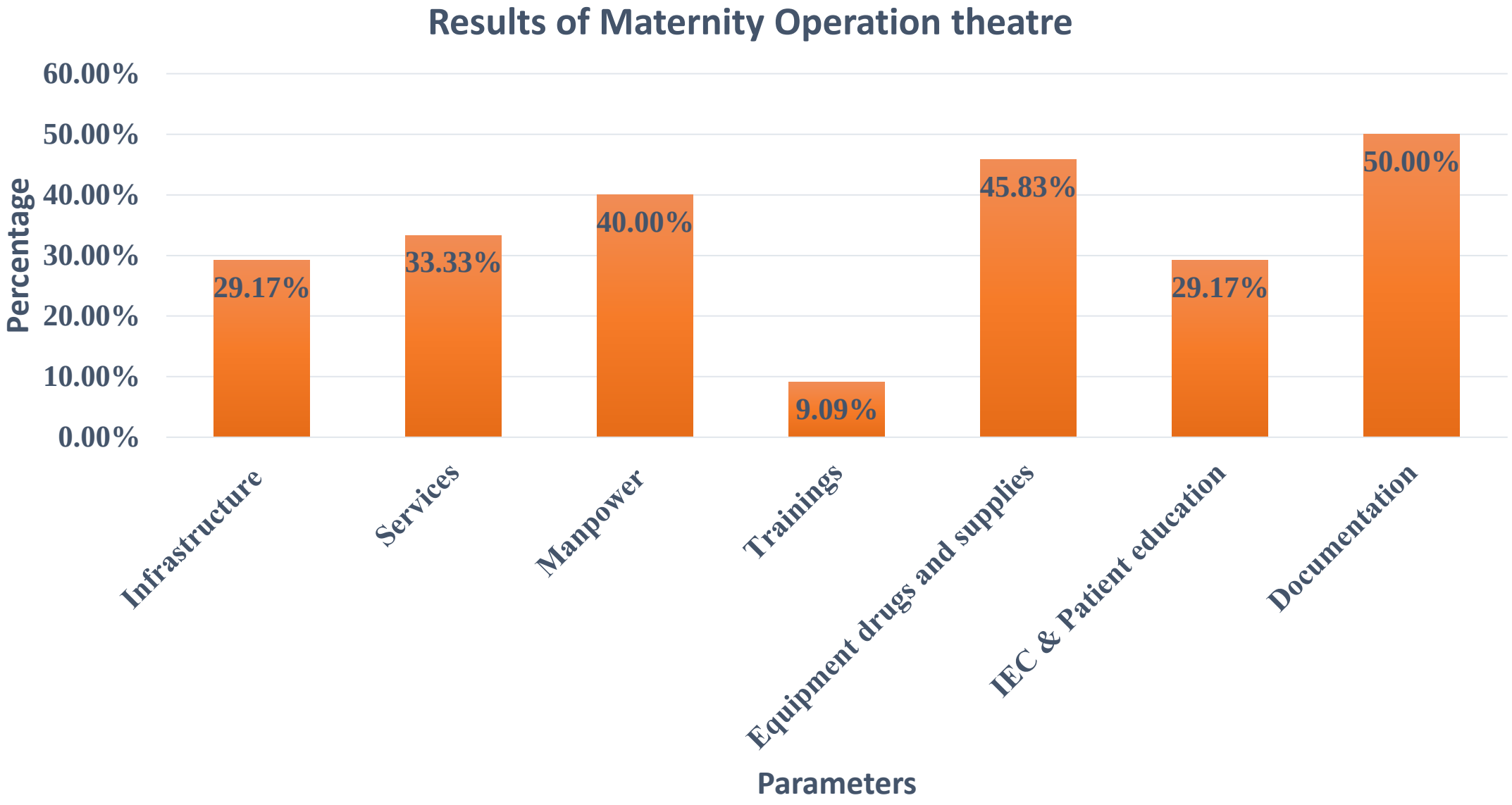
✓Source- assessment done using checklist developed by Piramal Foundation (as per LaQshya guidelines)

✓Score was given as per Compliance, partial compliance and non-compliance and based on that, percentage was calculated for each parameter, to identify the gaps and the root causes of the deficiencies and then recommendations were given on the identified gaps.

Data analysis

- Compliance, partial compliance and non-compliance was checked, and the data was analyzed using Microsoft advanced Excel.


Results of Labour room
Percentage
70.00%
60.00%
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%
47.14%
37.50%
60.00%
25.00%
52.63%
61.11%
51.79%
Infrastructure
Services
Manpower
Trainings
Equipment drugs and…
IEC & Patient eduction
Documentation
Parameters


Results of Maternity Operation theatre
60.00%
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%
Percentage
29.17%
33.33%
40.00%
9.09%
45.83%
29.17%
50.00%
Infrastructure
Services
Manpower
Trainings
Equipment drugs and supplies
IEC & Patient education
Documentation
Parameters

LABOR ROOM

OT shadow less light installation

Handwashing area and bleaching powder preparation area

Emergency drug tray

Handwashing area outside OT

Un-utilized autoclave, drugs etc

Continuous water leakage in store room

Drugs and consumables inside examination area

Limitations of study

- Manpower constrain due to code of conduct of elections.
- Infrastructure changes would take time due to government protocols.
- Training issue of the staff is there because there is already shortage of the staff as per the delivery load therefore, staff cannot be sent for training.
- Documents were not complete, therefore, all the information was not available

S No.	Manpower	Expected	Actual
1	Obstetrics and gynaecology	200 - 500 Deliveries - 1 OBG (Mandatory + 4 (OBG/EMOC)	1 Gynaecologist
2	Pediatrician	At least 1 Pediatrician	1 available
3	Nursing staff /ANM	200-500 -12	8 staff nurse are available
4	House keeping staff	Housekeeping Staff as per delivery load- 200-500 - 8	Only one House keeping staff was there
5	Security staff	Security Guards as per Delivery Load 200-500 - 6	No security staff was available

Source- Expected manpower LaQshya guidelines

Recommendations

- As per the situational analysis done, it has been observed that overall staff needs to be trained on following-

Infection prevention- use of PPE, Hand hygiene, BMW management, sterilization of equipments, preparation of bleaching powder, 3 bucket system for cleaning hospital floor, swab culture test etc.

Clinical training- PPH, AMTSL, PIH, Retained placenta, maternal sepsis, Essential new-born care etc. through SBA or DAKSHTA training.

Behavioral training- Respectful maternal care

Refresher training is needed quarterly.

- Line-listing of all the equipment's kept in store room should be done so that needful can be used as a resource.
- Action plan is to be prepared for structural as well as process improvements by enabling LR standardization, Human resource strengthening, quality circles and rapid improvement cycles to improve the maternal and new-born health indicators.

Conclusion

- Despite having government initiative like JSY and JSSK to increase the number of institutional deliveries within the public facility and improve the maternal and new-born health indicators, poor quality of services are provided to the patients. There is need to analyse the current situation so that gaps can be identified, like one done in of the District Combined Hospital of Chitrakoot. It is seen from the graphs that all the parameters are inter-related and responsible for the shortfall of the facility. If adequate infrastructure is not provided then how better quality of services can be provided. Similarly, human resource strengthening is needed to ensure the quality of services. Continuous training is needed for the staff to reduce the risk of maternal and new-born death. Supply chain management issues needed to be resolved with the hospital administration so that regular supply of drugs and consumables is available within the facility. Documentation is also important so that records can be maintained and it also helps in further research. Therefore, situational analysis is needed to identify the gaps and structural as well as process improvements can done by enabling LR standardization, Human resource strengthening, quality circles and rapid improvement cycles to improve the maternal and new-born health indicators.

Annexures

- I:\District hospital checklist.xlsx

References

1. mnh toolkit

2. Sharma J, Neogi S, Negandhi P, Chauhan M, Reddy S, Sethy G. Rollout of quality assurance interventions in labor room in two districts of Bihar, India. Indian J Public Health. 2016;

3. Iyengar K, Jain M, Thomas S, Dashora K, Liu W, Saini P, et al. Adherence to evidence based care practices for childbirth before and after a quality improvement intervention in health facilities of Rajasthan, India. BMC Pregnancy Childbirth. 2014;